

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	USE OF COLOSTRININ, CONSTITUENT PEPTIDES THEREOF, AND ANALOGS THEREOF AS INHIBITORS OF APOPTOSIS AND OTHER CELLULAR DAMAGE
Attorney Docket Number::	265.00390101
Total Drawing Sheets::	9

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Hungary
Status::	FULL CAPACITY
Given Name::	Istvan
Family Name::	Boldogh
City of Residence::	Galveston
State or Province of Residence::	TX
Country of Residence::	USA
Street of Mailing Address::	302 Holiday Drive #17
City of Mailing Address::	Galveston
State or Province of Mailing Address::	TX
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	77550
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	USA
Status::	FULL CAPACITY
Given Name::	G.
Middle Name::	John
Family Name::	Stanton
City of Residence::	Texas City
State or Province of Residence::	TX
Country of Residence::	USA
Street of Mailing Address::	3026 112th Street North

City of Mailing Address::	Texas City
State or Province of Mailing Address::	TX
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	77591
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	USA
Status::	FULL CAPACITY
Given Name::	Jerzy
Middle Name::	A.
Family Name::	Georgiades
City of Residence::	Houston
State or Province of Residence::	TX
Country of Residence::	USA
Street of Mailing Address::	9615 Bayou Brook
City of Mailing Address::	Houston
State or Province of Mailing Address::	TX
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	77063
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	USA
Status::	FULL CAPACITY
Given Name::	Thomas
Middle Name::	K.
Family Name::	Hughes, Jr.
City of Residence::	Galveston
State or Province of Residence::	TX
Country of Residence::	USA
Street of Mailing Address::	Route 1 P.O. Box 225 B-1
City of Mailing Address::	Galveston
State or Province of Mailing Address::	TX
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	77554
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	USA
Status::	FULL CAPACITY
Given Name::	Marian

Family Name:: Kruzel
City of Residence:: Houston
State or Province of Residence:: TX
Country of Residence:: USA
Street of Mailing Address:: 13627 LaConcha Lane
City of Mailing Address:: Houston
State or Province of Mailing Address:: TX
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 77083

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26813

REPRESENTATIVE INFORMATION

Representative Customer Number:: 26813

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/420,369	10/22/02